PRINTED: 08/04/2009

FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING \_ NVN3865HIC 06/17/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 9599 CANYON MEADOWS DRIVE SKY VISTA HOME CARE **RENO, NV 89506** 

		RENO, NV	89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 000	Initial Comments		н 000		
	This Statement of Deficiencies was generate a result of a State Licensure survey conducte your facility on June 17, 2009. This State Licensure survey was conducted by authority NAC 449, Homes for Individual Residential C adopted by the State Board of Health on November 29, 1999.	ed in v of			
	The findings and conclusions of any investigations by the Health Division shall not be construed prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable federa state or local laws.	as ,			
	The census at the time of the survey was one One resident file was reviewed and two empl files were reviewed.				
	The following deficiencies were identified:				
H 011	Director Duties-Needs Assessment		H 011		
	NAC 449.15523 Director: Duties. (NRS 449.2) The director of a home shall:  2. Ensure that the needs of each resident of home are assessed upon admission of the resident to the home, and that the assessme updated as the needs of the resident change	the nt is			
	This Regulation is not met as evidenced by: Based on interview and record review on 6717/09, the needs of 1 of 1 residents were rassessed upon admission to the home (Residual).				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVN3865HIC				B. WING 06/17/2009			7/2009	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
SKY VISTA HOME CARE			9599 CANY RENO, NV	CANYON MEADOWS DRIVE NV 89506				
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H 012	Continued From page 1			H 012				
H 012	Director Duties-Document Abilities			H 012				
	The director of a hom 2. Ensure that the new home are assessed uresident to the home, updated as the needs Such an assessment	eds of each resident of upon admission of the and that the assessments of the resident change must include:  the abilities of the resident	the ent is					
	This Regulation is not met as evidenced by: Based on record review on 6/17/09, the director failed to document at admission the abilities of 1 of 1 residents to function independently (Resident #1).							
H 013	NAC 449.15523 Director of a home 2. Ensure that the nechome are assessed unresident to the home, updated as the needs Such an assessment	ctor: Duties. (NRS 449. ee shall: eds of each resident of upon admission of the and that the assessment of the resident change must include: the matters for which the season of the resident change the matters for which the season of the resident change must include:	the ent is	H 013				
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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB				(X3) DATE SURVEY COMPLETED		
		NVN3865HIC		B. WING		06/1	7/2009	
NAME OF PR	OVIDER OR SUPPLIER			RESS, CITY, STA				
				CANYON MEADOWS DRIVE D, NV 89506				
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H 019	Continued From page 2			H 019				
H 019	Director Duties-No FA/CPR		H 019					
	The director of a hom 4. Ensure that a care meeting the needs of trained in first aid, an	giver, who is capable of the residents and has d cardiopulmonary e premises of the home	f been					
	Based on record review 6/17/09, the director of caregivers had received	uscitation (CPR) and fire	on 2					
H 034	Safety&Sanitation-Food Preparation			H 034				
	sanitation of facility. ( 2. A home must conta (d) Equipment that is	•						
	Based on observation equipment was not so	ot met as evidenced by: ns on 6/17/09, kitchen ufficiently clean and paration, service and sto						
H 045	Records of Residents Assessment	s-Current Needs		H 045				

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facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of

2. A medical facility, a facility for the dependent or

subsection 1 of NAC 441A.200.

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examination must be determined by following the guidelines of the Centers for Disease Control and

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with NAC 441A.375 regarding tuberculosis(TB) testing. Employee #1 and #2 were both missing

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